

ED NOV 13 1943 212

Registration District No. 212 Primary Registration District No. 5780

Registrar's No.

1. PLACE OF DEATH:

(a) County MILLER  
 (b) City or town Rural R. 1, Jim Henry  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1 mi. west of Marys Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 (Specify whether  
 In this community Life time years, months or days)

3. (a) PRINT FULL NAME Minnie Estelle Jenkins

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife George W. Jenkins 6. (c) Age of husband or wife if alive 60 years  
 7. Birth date of deceased JAN 3 1885  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 9 19 - hr. - min.

9. Birthplace MILLER Co Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name George Williams  
 13. Birthplace unknown Ky.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Martha Powe  
 15. Birthplace MILLER Co Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant George W. Jenkins  
 (b) Address Eugene Mo.

17. (a) Burial (b) Date thereof Oct. 24 '43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eugene Cem.

18. (a) Signature of funeral director Eldon Mo.

(b) Address Eldon Mo.

19. (a) Oct 24 1943 (b) Mullins-Brewster  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 066  
 (c) City or town EUGENE-Rural R. 1, Jim Henry  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1 mi. west of Marys Home  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22  
 year 1943 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan  
1940, to Oct 22, 1943;  
 that I last saw her alive on Oct 10, 1943;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Hypertension  
9 Chronic Nephritis

Due to

Other conditions  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. L. Allen (M. D. or other)  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.